

## OVERPAYMENT REPAYMENT AGREEMENT

K-BEN 899 (9-13)

I, the undersigned \_\_\_\_\_ (*print full name*)

Last four digits of Social Security number: XXX - XX - \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

hereby agrees to voluntarily make monthly payments in the amount of \$\_\_\_\_\_ per month to the Kansas Department of Labor to repay an Unemployment Insurance (UI) benefit overpayment. I will make my payments on or before the \_\_\_\_\_ day of the month each month thereafter, until the balance is paid in full. I understand that all payments must be received at the Kansas Department of Labor, Benefit Payment Control, 401 SW Topeka Blvd., Topeka, KS 66603-3182, on or before the due date.

By signing this agreement, I also indicate that I understand and agree to the following:

- This arrangement is to continue until my UI benefits overpayment has been repaid and satisfied in full. It remains my obligation to keep track of and determine when final payment occurs.
- Interest, at a rate of 1.5 percent per month in accord with K.S.A. 44-719(2), may be charged against all or a part of the remaining overpayment.
- My obligation may include court costs and other costs of recovery as permitted by law.
- I may make additional payments or pre-pay all or any amounts due at any time.
- A final payment under this agreement may be larger or smaller than the recurring payment amount but it remains my obligation to contact the Kansas Department of Labor to determine my final payoff amount and to make any such final payment.
- The Kansas Department of Labor has not agreed not to seek my repayment by any other legal means including, but not limited to, the filing of liens, levies, warrants or civil action including garnishment of wages or other property while I make payments under this agreement.

☐ By checking this box, I authorize the Kansas Department of Labor to email me payment reminders and other communications about this matter at the following email address:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the original of this agreement and your initial payment to the address shown above.  
Keep a copy for your records.**